MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		2				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		2				
10		2				
11		2				
12		2				
13		2				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20		2				
21		2				
22		2				
23		2				
24		2				
25	1					
26		1				
27		1				
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	37					
TOTAL CLAIMS	40					

		IND	DEP	IND	DEP	IND	DEP
	51						
	52						
	53						
	54						
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	97						
	98						
	99						
	100						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

17
20
37